

# LETTERS *to the Editor*

---

## **An "Open Book" Recertification Examination**

TO THE EDITOR: I have recently submitted to the American Board of Dermatology, Inc., and Frederick A. J. Kingery, MD, President of the American Academy of Dermatology, Inc., a detailed proposal for a change in Board requirements. The subject deals with reforms that would satisfy the growing demand for recertification and/or relicensure from the public, the politicians, the third parties, and many dermatologists. The proposed change would demonstrate who are the highly qualified, up-to-date clinical dermatologic experts. I would like to suggest the concept is applicable to all physicians, Board certified or not.

In this short letter I shall not review the current standards for all Board eligibilities and/or retentions of said Diploma. The revisions I have suggested are as follows:

(A) All participants eligible for Board examination would take a Clinical Specialists Examination to be given perhaps in April (i.e., late in the formal Residency or training periods). The Clinical Specialists Examination would be nearly comparable to the current examination to become a Board diplomate.

(B) Those earning the Clinical Specialists Diploma could then apply for the specific Board Diploma of his Specialty without further examination. However, by doing so he would contract to take an "Open Book" Recertification Examination on a biennial or other reasonable time basis. The Open Book Recertification Examination would be based upon the contents of the major journals in the given specialty for the time period to be covered by the examination. If it is not taken or is failed, the Diploma and the diplomatic status would be lost only to be regained by retaking the Clinical Specialists Examination. Obviously some mitigating circumstances may allow temporary postponement. All Board Diplomates would then be basically qualified Specialists and their continuing expertise would be proven by periodic recertification. Thus the Diplomate would stand out from the self-proclaimed specialists to any interested parties.

The above proposals need not be introduced by radical upheaval. Present Diplomates should be

allowed to continue as is or volunteer to join the new program by taking the Open Book Recertification Examination. The current, otherwise qualified, non-diplomate should also be allowed to take the Clinical Specialists Examination and be given the opportunity to contract for a Board diploma. The proposal would enhance and give an opportunity to many physicians for economic, energy conserving, self-directed current information updating free from distractions frequent to other modes of continuing education.

We must recall that today's public wishes to know our competency continues after our formal education ends.

DAVID L. WEINBERG, MD  
*San Bruno, California*

## **Cluster Headaches—A New Treatment**

TO THE EDITOR: Cluster or histamine headaches are rather uncommon and of unknown cause. They are of excruciating intensity and unilateral. They usually affect the frontal, orbital and temporal regions. There is throbbing, but usually no nausea or vomiting. There is no family history such as in migraines. The treatment of these headaches has been quite varied and without much success. Ergotamine products, antihistamines, periactin, analgesics, steroids, histamine desensitization and psychotherapy are among the therapeutic modalities used.

Since the cause of the pain is a vasodilatation of the external carotid vascular system and perhaps some of the branches of the internal carotid arteries, it is thought physiologically sound to pursue a therapeutic approach which would cause an immediate and powerful vasoconstrictor effect. Epinephrine seemed the logical drug. It is both an alpha and beta adrenergic agent.

The use of this drug on seven patients proved to be efficacious in all but one of the seven patients. The pain was effectively relieved after the treatment with epinephrine was initiated. The cycles were altered so that less episodes occurred and with much less intensity.

This new approach seems to merit further investigation and under well controlled circumstances.

ALBERT V. GIAMPAOLI, MD  
*San Jose*